APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

L95000000263

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG 28 PM 4:17

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #**

MAS Ventures, L.C.
c/o Thomas K. Jones
Payne & Jones, Chartered
P.O. Box 25625
Overland Park, KS 66225

10/17/97

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
11000 King
Suite 200
Overland Park, KS 66210

2 Principal Place of Business	2a. Mailing Address
11000 King	P.O. Box 25625
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Overland Park, KS 66210	City & State: Overland Park, KS 66225
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
April 3, 1995	Florida

4. FEI Number: 48-1166973 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 1995

6. Certificate of Status Desired [redacted] ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL / Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Connie Bryan (REGISTERED AGENT MUST SIGN) JONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 8/28/98

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Managing MEMBER	Mark A. Susz	10955 Lowell, Suite 800	Overland Park, KS 66210
Managing MEMBER	Thomas K. Jones	11000 King, Suite 200	Overland Park, KS 66210

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-09/01/98--01073--012
****877.50 ****877.50

PR QUARTERLY - 500.00
MR - 200.00
AR 8/98 - 177.50
$877.50

REINSTATEMENT 1998-1999

MR

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Thomas K. Jones Date 8/26/98 Daytime Phone # (913) 469-4100

Typed or printed name of signing Managing Member/Manager THOMAS K. JONES